

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10634189

FILING DATE 08-04-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11		1				
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TOTAL IND.	1					
TOTAL DEP.	1	→	→	→	→	→
TOTAL CLAIMS	2					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
TOTAL IND.								
TOTAL DEP.		→	→	→	→	→	→	→
TOTAL CLAIMS								